

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6752 STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURILength of stay in 1b
5 Weeksc. CITY
OR
TOWN ClaytonInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

BARNES HOSPITAL

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
#1 Tipton WayReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
EARL H. HURSEY4. DATE
OF
DEATH Month Day Year
June 27 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-24-1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY
Swift & Co.11. BIRTHPLACE (City and state or country)
Prairie DuRocher, Ill USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Adney Hursey

13b. MOTHER'S MAIDEN NAME

Lillian M. Moltz

14. NAME OF HUSBAND OR WIFE

Ruth Hursey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
WW I 1917-1919

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruth Hursey

Address

Clayton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Undifferentiated adenocarcinoma, primary
site probably lung.INTERVAL BETWEEN
ONSET AND DEATH

Sev. Mons.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/6/39 to 6/27/63 and last saw him alive on 6/27/63
Death occurred at 2:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

6/27/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6-27-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope

23d. LOCATION (City, town, or county)

Belleville

(State)

Illinois

24. FUNERAL DIRECTOR

ADDRESS

Burke Funeral Home

E. St. Louis

25. DATE RECD. BY LOCAL REG.

JUN 27 1963

26. REGISTRAR'S SIGNATURE

Ruth Hursey M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas M Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.